

GROUND CREW RISK ASSESSMENT

Ground Crew: _____

Ground Team Leader: _____ Team Member# 2: _____

Team Member# 3: _____ Team Member# 4: _____

Team Member# 5: _____ Team Member# 6: _____

Number of crew members	≥FIVE 1	FOUR 2	THREE 3	TWO 4	ONE 5
Search Conditions	DAY 1				NIGHT 5
Rest / Sleep in a 24 hr period	≥ 10 HRS 1	7 - 8 HRS 2		3 - 6 HRS 4	< 3 HRS 5
Crew duty hours this mission	1 - 2 HRS 1	3 - 4 HRS 2	0 HRS 3	5 - 7 HRS 4	> 8 HRS 5
Rain / Snow	NO 1				YES 5
Outside temperature in degrees Celsius		16 - 21 DEG (OR) 22 - 25 DEG 2	6 -15 DEG (OR) 26 - 30 DEG 3	0 - 5 DEG (OR) 31 - 38 DEG 4	≤ 0 DEG (OR) > 38 DEG 5
Area winds		0 - 5 KTS 2	6 - 10 KTS 3	11 - 15 KTS 4	> 15 KTS 5
Visibility	≥ 10 MILES 1	6 - 9 MILES 2		3 - 5 MILES 4	< 3 MILES 5
Weather Deteriorating	NO 1				YES 5
Terrain	OPEN, FLAT TERRAIN 1		MODERATE TREE COVER HILLY 3		HEAVY TREE COVER VERY HILLY 5
Total					

RISK LEVEL			
12 - 22 LOW	23 - 30 MEDIUM	31 - 36 HIGH	37 - 50 EXTREMELY HIGH

Vehicle Number: _____ Mission Number: _____

Release Officer: _____ Date _____ Time _____

°C	-18	-12	-7	-1	4	10	16	21	27	32	38	43
°F	0	10	20	30	40	50	60	70	80	90	100	110
OUTSIDE AIR TEMPERATURE												

Illness **M**edication **S**tress **A**lcohol **F**atigue **E**motion

Note: This form is only a tool and should not be used as the only means of making a "go/no-go" decision.